T-205C RI Division of Taxation Cigarette Excise and Sales/Use Tax Return  • You must file this return within 24 hours after the tax liability occurs.					For office use only			
<ul> <li>You must file this return within 24 hours after the tax liability occurs.</li> <li>Keep a copy of this form for your records.</li> </ul>								
Copies of purchase invoices must be made available upon request.								
Name								
Please print or Street		Fed	eral Identification Nur	mber	So	ocial Security Nu	umber	
type.								
City		Stat	e		Zi	p Code		
PART 1 List all cigarettes that you possessed, stored, retained or ot Attach additional sheets if necessary.	herwis	e t	prought into t	he Stat	e of F	Rhode Isla	and.	
Invoice data				Nature of use (self-use, gift, etc.)		Quantity	Purchase	
and number Name and address of supplier	B		Brand Name			(number of cartons)	price	
<u>'</u>			ı	-	Total :			
PART 2 Computation of Cigarette Excise and Sales/Us	е Тах	(es	5				l	
1. Enter total number of cigarette cartons (from Part 1, Column A above	/e)				1.			
2. Rhode Island excise tax rate (see chart below) per carton					2.			
3. CIGARETTE EXCISE TAX - multiply line 1 by line 2					3.			
4. Interest due on amount on line 3 (1% per month)								
5. TOTAL CIGARETTE EXCISE TAX AND INTEREST - add lines 3 a					5.			
6. Total purchase price of cigarette cartons (from Part 1, Column B abov	(e) [							
7. Total cigarette excise tax (from line 3 above)	´ <b>⊢</b>	7.						
,	$\vdash$	3.						
8. Total amount subject to sales/use tax - add lines 6 and 7	$\vdash$							
9. SALES AND USE TAX - multiply line 8 by 7%	-	9.						
10. Interest due on the amount on line 9 (1% per month)		0.				T		
11. TOTAL SALES/USE TAX AND INTEREST - add lines 9 and 10					11.			
12. TOTAL AMOUNT DUE - add lines 5 and 11					12.			
Excise Tax Rate Chart								
	Dates 07/01/2003 thru 06/30/200				ate pe		te per carton 17.10	
07/01/2001 thru 04/30/2002 1.00 10.00	07/01/2003 tilld 06/30/2004				2.4		24.60	
05/01/2002 thru 06/30/2003 1.32 13.20								
PART 3 Certification								
I hereby certify that this return, to the best of my knowledge and belief, is a true correct and	d comple	ete	return.					
Signature THIS RETURN WITH PAYMENT MUST BE FILED AND FORWARDED T			Date	E OE D		SISLAND		

DIVISION OF TAXATION EXCISE TAX SECTION ONE CAPITOL HILL - PROVIDENCE, RI 02908

Rev. 06/2005